

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2008

through

07

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

08

18

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		1507360.96
(b) Cash on Hand at Beginning of Reporting Period .....	1254046.01	
(c) Total Receipts (from Line 19) .....	107042.61	689246.04
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1361088.62	2196607.00
7. Total Disbursements (from Line 31) .....	115229.39	950747.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1245859.23	1245859.23
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	44856.51	279702.34
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	34756.79	144990.32
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	79613.30	424692.66
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	975.00	975.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	80588.30	425667.66
12. Transfers From Affiliated/Other Party Committees .....	24000.00	234260.33
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	2000.00	26000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	454.31	3318.05
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	107042.61	689246.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	107042.61	689246.04

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	-43795.36	85532.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	-43795.36	85532.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	115000.00	774000.00
24. Independent Expenditure (use Schedule E) .....	44000.00	88000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	24.75	804.75
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1560.33
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	24.75	2365.08
29. Other Disbursements.....	0.00	850.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	115229.39	950747.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	115229.39	950747.77

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	80588.30	425667.66
34. Total Contribution Refunds (from Line 28(d)) .....	24.75	2365.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	80563.55	423302.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-43795.36	85532.69
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-43795.36	85532.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 97

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City

Harrisburg

State

PA

Zip Code

17105-8600

FEC ID number of contributing  
federal political committee.

**C** C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 8 / 2 0 0 8

Transaction ID: 15683090

Amount of Each Receipt this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City

Harrisburg

State

PA

Zip Code

17105-8600

FEC ID number of contributing  
federal political committee.

**C** C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 8

Transaction ID: 15730767

Amount of Each Receipt this Period

10000.00

**C.**

Full Name (Last, First, Middle Initial)

Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City

Madison

State

WI

Zip Code

53725-9038

FEC ID number of contributing  
federal political committee.

**C** C00359455

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 15730943

Amount of Each Receipt this Period

4000.00

**SUBTOTAL** of Receipts This Page (optional) .....

24000.00

**TOTAL** This Period (last page this line number only) .....

24000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 7 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lori S. Herndon

Mailing Address 902 North Shore Drive

City

Brigantine

State

NJ

Zip Code

08203-2718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AtlantiCare

Occupation

Senior Vice President/COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 3 / 2 0 0 8

Transaction ID: 15688869

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David P Tilton

Mailing Address 624 Park Place

City

Galloway

State

NJ

Zip Code

08205-6014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AtlantiCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 3 / 2 0 0 8

Transaction ID: 15688878

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wayne B. Griffith

Mailing Address P.O.Box 901

City

Princeton

State

WV

Zip Code

24740-0901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Princeton Community Hospi-  
tal

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15696719

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Norma J. Morgan

Mailing Address Effingham Hospital

459 Highway 119 South

City

Springfield

State

GA

Zip Code

31329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Effingham Hospital

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15696898

Amount of Each Receipt this Period

175.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George W. Jeter

Mailing Address 1222 Broadway, Suite 101

City

Columbus

State

GA

Zip Code

31901-4244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus Regional Healthc-  
are System

Occupation

Board Member

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15696902

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Randy Sauls

Mailing Address P O Box 1727

City

Valdosta

State

GA

Zip Code

31603-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Georgia Medical Cen-  
ter

Occupation

Chief Operating Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15696904

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kurt Stuenkel, , FACHE

Mailing Address P O Box 233

City

Rome

State

GA

Zip Code

30162-0233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Floyd Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15696907

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Philip R Wolfe

Mailing Address P O Box 348

City

Lawrenceville

State

GA

Zip Code

30046-0348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gwinnett Hospital System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15696908

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rann Folsom

Mailing Address 2281 US Highway 41 S

City

Cordele

State

GA

Zip Code

31015-7501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crisp Regional Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15696910

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jane Craigin

Mailing Address 1154 E. Boulevard

City

Pine Village

State

IN

Zip Code

47975-8053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Williamsport  
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15696932

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence R. Ulrich

Mailing Address 4655 Running Brook Terr

City

Greenwood

State

IN

Zip Code

46143-9255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Four County Counseling Ce-  
nter

Occupation

Executive Director and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15696933

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Spencer L. Grover

Mailing Address 3636 Emily Way

City

Carmel

State

IN

Zip Code

46033-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Hospital Associat-  
ion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15696934

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas J Leonard

Mailing Address One American Square, Suite 1900  
Post Office Box 82063

City State Zip Code  
Indianapolis IN 46282-0200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Indiana Hospital Associat-  
ion

Occupation  
Hospital President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15696935

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David H. Wiesman

Mailing Address 4521 Hickory Grove Blvd.

City State Zip Code  
Greenwood IN 46143-7448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Indiana Hospital Associat-  
ion

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15696936

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Jack M Bryan

Mailing Address 900 East Oak Hill Avenue

City State Zip Code  
Knoxville TN 37917-4556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mercy Health Partners

Occupation  
CEO -Community Hospital Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15696977

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bobby Couch

Mailing Address P.O. Box 1490

City

Manchester

State

TN

Zip Code

37349-4490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center of Manches-  
ter

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	8

Transaction ID: 15696978

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Landsman

Mailing Address 1924 Alcoa Hwy, Box 81

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Tennessee  
Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	8

Transaction ID: 15696979

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Patrick J Quinlan, M.D.

Mailing Address 1514 Jefferson Highway

City

New Orleans

State

LA

Zip Code

70121-2484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ochsner Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	8

Transaction ID: 15696982

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen M Erixon

Mailing Address 220 Windy Ridge

City

Hollister

State

MO

Zip Code

65672-5725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skaggs Community Health  
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15696989

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Clarissa Lehman

Mailing Address P.O. Box 4130

City

Des Moines

State

IA

Zip Code

50333-4130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Acute Care, Inc.

Occupation

Client Services Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15697021

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven T Moburg

Mailing Address 200 West 1st Street

City

Paynesville

State

MN

Zip Code

56362-1496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paynesville Area Health  
Care System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15697041

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

542.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Fredrick Slunecka

Mailing Address P O Box 5045

City

Sioux Falls

State

SD

Zip Code

57117-5045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avera McKennan Hospital  
and University

Occupation

Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15697050

Amount of Each Receipt this Period

175.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harlan Hallquist

Mailing Address 9855 West 78th Street  
Suite 270

City

Eden Prairie

State

MN

Zip Code

55344-8002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J.E. Dunn Construction Co-  
mpany

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15697064

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dennis C. Miley

Mailing Address 415 North Jefferson Street

City

Wadena

State

MN

Zip Code

56482-1297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tri-County Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15697071

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Rohrbach

Mailing Address 201 Ninth St. NW

City

Ada

State

MN

Zip Code

56510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bridges Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15697073

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara J. Petee

Mailing Address 4621 Beaconsfield Ct.

City

Toledo

State

OH

Zip Code

43623-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ProMedica Health System

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15698924

Amount of Each Receipt this Period

175.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daniel L Wakeman

Mailing Address 5901 Monclova Road

City

Maumee

State

OH

Zip Code

43537-1841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Luke's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15698935

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

925.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas A. Selden

Mailing Address 8140 Creekside Trace

City

Broadview Heights

State

OH

Zip Code

44147-1365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cleveland Clinic Health  
System

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15699528

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.93

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 8

Transaction ID: 15716906

Amount of Each Receipt this Period

20.42

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary D. Duncan, CHE

Mailing Address 1437 Crestwood Drive

City

Joplin

State

MO

Zip Code

64801-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Freeman Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 0 8

Transaction ID: 15726727

Amount of Each Receipt this Period

1200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1720.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 15726764

Amount of Each Receipt this Period

38.90

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dwight L. Fine

Mailing Address 12675 Riviera Heights Road

City

Holts Summit

State

MO

Zip Code

65043-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Sr. Vice President, Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 15726768

Amount of Each Receipt this Period

111.12

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Landon

Mailing Address 611 Belridge Drive  
P.O. Box 60

City

Jefferson City

State

MO

Zip Code

65109-0755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 15726772

Amount of Each Receipt this Period

38.90

**SUBTOTAL** of Receipts This Page (optional) .....

188.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen C. Poff

Mailing Address 5119 Coventry Way

City

Jefferson City

State

MO

Zip Code

65101-8284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 15726776

Amount of Each Receipt this Period

38.90

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gerald M. Sill, J.D.

Mailing Address 2906 Valley View Terrace

City

Jefferson City

State

MO

Zip Code

65109-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 15726780

Amount of Each Receipt this Period

38.90

**C.**

Full Name (Last, First, Middle Initial)

Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City

Jefferson City

State

MO

Zip Code

65101-8275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 15726781

Amount of Each Receipt this Period

111.12

**SUBTOTAL** of Receipts This Page (optional) .....

188.92

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Howard

Mailing Address PO Box 205

City

Oklahoma City

State

OK

Zip Code

73101-0205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSM Health Care of Oklaho-  
ma

Occupation

President &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	8

Transaction ID: 15730738

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul Herzog

Mailing Address 601 Martin Luther King Dr. NE

City

Albuquerque

State

NM

Zip Code

87102-3670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	0	8

Transaction ID: 15731416

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen J Campbell

Mailing Address P O Box 489

City

Clayton

State

NM

Zip Code

88415-0489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Union County General Hosp-  
ital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	0	8

Transaction ID: 15731417

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Warren K Spellman

Mailing Address P O Box DD

City

Taos

State

NM

Zip Code

87571-6284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holy Cross Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 8 / 2 0 0 8

Transaction ID: 15731419

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.93

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 15731504

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Valerie Sellers

Mailing Address 82 Millers Grove Road

City

Belle Mead

State

NJ

Zip Code

08502-4306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Senior V.P., Health Planning & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 15731517

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas A Biga

Mailing Address 29 Highand Avenue

City

Fair Haven

State

NJ

Zip Code

07704-3620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Barnabas Health Care  
System

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	0	8

Transaction ID: 15731640

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary S. Carter, FACHE

Mailing Address 35 DeHart Drive

City

Belle Mead

State

NJ

Zip Code

08502-5419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

President &amp; Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	0	8

Transaction ID: 15731646

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Valerie Sellers

Mailing Address 82 Millers Grove Road

City

Belle Mead

State

NJ

Zip Code

08502-4306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Senior V.P., Health Planning &amp; Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	0	8

Transaction ID: 15731675

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Connie L Schroeder

Mailing Address 640 West Washington Street

City

Pittsfield

State

IL

Zip Code

62363-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illini Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767856

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Wayne M Lerner, , DPH

Mailing Address 2701 West 68th Street

City

Chicago

State

IL

Zip Code

60629-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holy Cross Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767857

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Pat Shehorn

Mailing Address 1225 W. Lake Street

City

Melrose Park

State

IL

Zip Code

60160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westlake Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767858

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen Dunn

Mailing Address 700 South Second Street

City

Springfield

State

IL

Zip Code

62704-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Assistant VP, Gov't Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767859

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Raymond Grady, FACHE

Mailing Address 2650 Ridge Ave

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evanston Northwestern Hea-  
lthcare

Occupation

President, Hospitals and Clinics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767860

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark R Neaman

Mailing Address 1301 Central Street

City

Evanston

State

IL

Zip Code

60201-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evanston Northwestern Hea-  
lthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767867

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Danny Chun

Mailing Address 303 North Oak Park Avenue

City

Oak Park

State

IL

Zip Code

60302-2189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767868

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles Mills

Mailing Address 1 Medline Place

City

Mundelein

State

IL

Zip Code

60060-4485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Forest Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767869

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dan J Woods

Mailing Address 503 N. Maple

City

Effingham

State

IL

Zip Code

62401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Anthony's Memorial Ho-  
spital

Occupation

Executive Vice President and Administ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767870

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Merrell, , FACHE

Mailing Address 400 North Pleasant

City

Centralia

State

IL

Zip Code

62801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Mary's Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767871

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leo F Childers, , Jr., FAC

Mailing Address 605 North 12th Street

City

Mount Vernon

State

IL

Zip Code

62864-2899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Samaritan Regional  
Health Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767875

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Barbara J Martin, , R.N.

Mailing Address 2615 Washington Street

City

Waukegan

State

IL

Zip Code

60085-4980

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vista Medical Center West

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767876

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Maureen A Kahn

Mailing Address P O Box 7005

City

Quincy

State

IL

Zip Code

62305-7005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blessing Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767877

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. B. Bradford Billings

Mailing Address 2829 Cheswick Rd.

City

Quincy

State

IL

Zip Code

62301-6380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blessing Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767878

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerald Lefert

Mailing Address 2895 Forest Down

City

Fitchburg

State

WI

Zip Code

53711-5205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Mary's Hospital

Occupation

Interim President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767879

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Keith Allen Page

Mailing Address 6800 State Route 162

City

Maryville

State

IL

Zip Code

62062-8500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anderson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767880

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David L. Schreiner

Mailing Address 1435 Tilton Park Drive

City

Dixon

State

IL

Zip Code

61021-1437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Katherine Shaw Bethea Hos-  
pital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767881

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Leonard, M.D.

Mailing Address 611 West Park Street

City

Urbana

State

IL

Zip Code

61801-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carle Foundation Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767882

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James M Hayes

Mailing Address 200 Healthcare Drive

City

Greenville

State

IL

Zip Code

62246-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Regional Hospi-  
tal

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767883

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harry Wolin

Mailing Address P O Box 530

City

Havana

State

IL

Zip Code

62644-0530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mason District Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767884

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Edgar J Curtis, , R.N.

Mailing Address 701 North First Street

City

Springfield

State

IL

Zip Code

62781-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767894

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Forrest G Hester

Mailing Address Post Office Box 569

City

Lincoln

State

IL

Zip Code

62656-0569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abraham Lincoln Memorial  
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767895

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin R. England

Mailing Address 1800 Grist Mill Drive

City

Springfield

State

IL

Zip Code

62711-8113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Health System

Occupation

Vice President, Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767896

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Bertauski

Mailing Address 1400 West Park Street

City

Urbana

State

IL

Zip Code

61801-2334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Provena Covenant Medical  
Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767897

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Brickman

Mailing Address 333 North Madison Street

City

Joliet

State

IL

Zip Code

60435-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Provena Saint Joseph Medi-  
cal Center

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767898

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr John Jurica, M.D.

Mailing Address 350 North Wall Street

City

Kankakee

State

IL

Zip Code

60901-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Medical Center

Occupation  
Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15767899

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Bertauski

Mailing Address 1400 West Park Street

City

Urbana

State

IL

Zip Code

61801-2334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Provena Covenant Medical  
Center

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 15767953

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. B. Bradford Billings

Mailing Address 2829 Cheswick Rd.

City

Quincy

State

IL

Zip Code

62301-6380

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Blessing Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 15767954

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leo F Childers, Jr., FAC

Mailing Address 605 North 12th Street

City

Mount Vernon

State

IL

Zip Code

62864-2899

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Good Samaritan Regional  
Health Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 15767957

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Danny Chun

Mailing Address 303 North Oak Park Avenue

City

Oak Park

State

IL

Zip Code

60302-2189

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: 15767984

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen Dunn

Mailing Address 700 South Second Street

City

Springfield

State

IL

Zip Code

62704-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Assistant VP, Gov't Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 15767986

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Raymond Grady, FACHE

Mailing Address 2650 Ridge Ave

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evanston Northwestern Hea-  
lthcare

Occupation

President, Hospitals and Clinics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 15767987

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James M Hayes

Mailing Address 200 Healthcare Drive

City

Greenville

State

IL

Zip Code

62246-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Regional Hospi-  
tal

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 15767988

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Maureen A Kahn

Mailing Address P O Box 7005

City

Quincy

State

IL

Zip Code

62305-7005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blessing Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 15767990

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara J Martin, R.N.

Mailing Address 2615 Washington Street

City

Waukegan

State

IL

Zip Code

60085-4980

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vista Medical Center West

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 15767991

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark R Neaman

Mailing Address 1301 Central Street

City

Evanston

State

IL

Zip Code

60201-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evanston Northwestern Hea-  
lthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 15767993

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Keith Allen Page

Mailing Address 6800 State Route 162

City

Maryville

State

IL

Zip Code

62062-8500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anderson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 15767994

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David L. Schreiner

Mailing Address 1435 Tilton Park Drive

City

Dixon

State

IL

Zip Code

61021-1437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Katherine Shaw Bethea Hos-  
pital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 15768016

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Connie L. Schroeder

Mailing Address 640 West Washington Street

City

Pittsfield

State

IL

Zip Code

62363-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illini Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Transaction ID: 15768017

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Pat Shehorn

Mailing Address 1225 W. Lake Street

City

Melrose Park

State

IL

Zip Code

60160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westlake Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 8

Transaction ID: 15768018

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Howard Neiberg, M.D.

Mailing Address 1388 National Road Apt. #3

City

Wheeling

State

WV

Zip Code

26003-5715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reynolds Memorial Hospital

Occupation

Director, Radiology Department

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15771261

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mitch Leupp

Mailing Address P O Box 399

City

Stanley

State

ND

Zip Code

58784-0399

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mountrail County Medical  
Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15771264

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional) .....

990.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carl J Schindelar

Mailing Address 9000 Franklin Square Dr.

City

Baltimore

State

MD

Zip Code

21237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Franklin Square Hospital  
CenterOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Transaction ID: 15771276

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Fred J. Lucky

Mailing Address 14607 W 89

City

Lenexa

State

KS

Zip Code

66215-2967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Hospital Associati-  
onOccupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Transaction ID: 15771282

Amount of Each Receipt this Period

115.39

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey D Selberg

Mailing Address 2420 West 26th Avenue, Suite 100-D

City

Denver

State

CO

Zip Code

80211-5302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Exempla Healthcare, Inc.Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Transaction ID: 15771285

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

865.39

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 37 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Eileen F Skinner, , FACHE

Mailing Address 144 State Street

City

Portland

State

ME

Zip Code

04101-3776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Hospital of Portland

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15771977

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles Gibson

Mailing Address 3485 Stately Oaks Lane

City

Duluth

State

GA

Zip Code

30097-5155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marshall Erdman & Associates

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787752

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Doug Luckett

Mailing Address 12877 Pastures Way

City

Fort Myers

State

FL

Zip Code

33913-7633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lee Memorial Health System

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787766

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jerry Senne

Mailing Address 233 Salvador Square

City

Winter Park

State

FL

Zip Code

32789-5618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health First, Incorporated

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787784

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Greg Zorman, M.D.

Mailing Address 5730 Arapahoe Road

City

Fort Lauderdale

State

FL

Zip Code

33312-6354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Healthcare System

Occupation

Chief of Neurosurgery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787797

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sue G Brody

Mailing Address 701 Sixth Street South

City

Saint Petersburg

State

FL

Zip Code

33701-4891

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bayfront Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787802

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Hugh Greene

Mailing Address 800 Prudential Drive

City

Jacksonville

State

FL

Zip Code

32207-8202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787820

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald A Hytoff

Mailing Address P O Box 1289

City

Tampa

State

FL

Zip Code

33601-1289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787823

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard M Irwin, Jr.

Mailing Address 501 Lake Street

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Central

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787824

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Donald L Jernigan, , Ph.D.

Mailing Address 111 North Orlando Avenue

City

Winter Park

State

FL

Zip Code

32789-3675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adventist Health System  
Sunbelt Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787825

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Warren E Jones

Mailing Address 1300 Miccosukee Road

City

Tallahassee

State

FL

Zip Code

32308-5054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Memorial Heal-  
thCare

Occupation

Vice President and Chief Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787826

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John E Matuska

Mailing Address 3663 South Miami Avenue

City

Miami

State

FL

Zip Code

33133-4237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787833

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James R Nathan

Mailing Address 2776 Cleveland Avenue

City

Fort Myers

State

FL

Zip Code

33901-5864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lee Memorial Health System

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787837

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Deana L. Nelson

Mailing Address Post Office Box 1289

City

Tampa

State

FL

Zip Code

33601-1289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa General Hospital

Occupation  
Sr. Vice President, Patient Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787838

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen A Purves, , FACHE

Mailing Address 1500 SW 1st Ave

City

Ocala

State

FL

Zip Code

34474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Munroe Regional Medical  
Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787843

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Steven Short

Mailing Address P O Box 1289

City

Tampa

State

FL

Zip Code

33601-1289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa General Hospital

Occupation

Executive VP, Finance and Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15787847

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Larry F Garrison

Mailing Address 6450 US Highway 1

City

Rockledge

State

FL

Zip Code

32955-5747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health First, Inc.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15788607

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Emil P Miller

Mailing Address 110 Longwood Avenue

City

Rockledge

State

FL

Zip Code

32955-2828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wuesthoff Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15789519

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott W Howe

Mailing Address 173 Middle Street

City

Lancaster

State

NH

Zip Code

03584-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weeks Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Transaction ID: 15790286

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Russell G Keene

Mailing Address 59 Page Hill Road

City

Berlin

State

NH

Zip Code

03570-3542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Androscoggin Valley Hospi-  
tal

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Transaction ID: 15790289

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce King

Mailing Address 273 County Road

City

New London

State

NH

Zip Code

03257-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New London Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Transaction ID: 15790293

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kathy A. Bizarro, FACHE

Mailing Address Post Office Box 504

City

South Sutton

State

NH

Zip Code

03273-0504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hampshire Hospital As-  
sociation

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: 15790298

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Giesel

Mailing Address 4711 Carriage Hills

City

Rapid City

State

SD

Zip Code

57702-8338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regional Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15798592

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Link

Mailing Address 2218 East St. Charles Circle

City

Sioux Falls

State

SD

Zip Code

57103-5818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sanford Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15798691

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Cindy Morrison

Mailing Address 2009 East Edgewood Road

City

Sioux Falls

State

SD

Zip Code

57103-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sanford Health

Occupation

Senior Vice President for Public Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15798702

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas P Rasmusson

Mailing Address 525 North Foster

City

Mitchell

State

SD

Zip Code

57301-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avera Queen of Peace

Occupation

Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15798717

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Cheryl Bentley

Mailing Address 1600 Prairie Center Pkwy.

City

Brighton

State

CO

Zip Code

80601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Platte Valley Medical Cen-  
ter

Occupation

Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15800820

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Stephanie Doughty

Mailing Address 1024 South Lemay Avenue

City

Fort Collins

State

CO

Zip Code

80524-3998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Poudre Valley Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15800824

Amount of Each Receipt this Period

975.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Gardner

Mailing Address 1000 West 8th Avenue

City

Yuma

State

CO

Zip Code

80759-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yuma District Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15800832

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Karl B Gills

Mailing Address 1024 Central Park Drive

City

Steamboat Springs

State

CO

Zip Code

80487-8813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yampa Valley Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15800833

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1475.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John R Hicks

Mailing Address 1850 Egbert Street

City

Brighton

State

CO

Zip Code

80601-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Platte Valley Medical Cen-  
ter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Transaction ID: 15800839

Amount of Each Receipt this Period

475.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Russell Johnson

Mailing Address 106 Blanca Avenue

City

Alamosa

State

CO

Zip Code

81101-2393

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Luis Valley Regional  
Medical Centre

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Transaction ID: 15800840

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth W Leisher

Mailing Address P O Box 429

City

Salida

State

CO

Zip Code

81201-0429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heart of the Rockies Regi-  
onal Medical

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Transaction ID: 15800843

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

975.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dennis O'Malley

Mailing Address 3425 South Clarkson Street

City

Englewood

State

CO

Zip Code

80113-2899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Craig Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15800851

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Schroffel

Mailing Address 12605 East 16th Avenue

City

Aurora

State

CO

Zip Code

80045-7109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Colorado Ho-  
spital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15800857

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Janet Stephens

Mailing Address 6014 Watson Drive

City

Fort Collins

State

CO

Zip Code

80528-8877

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colorado Hospital Associa-  
tion

Occupation  
Vice President of Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15800861

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Shmerling

Mailing Address 13123 E. 16th Avenue

City

Aurora

State

CO

Zip Code

80045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Hospital, The

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15801153

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Benjamin K. Chu, M.D.

Mailing Address 393 E. Walnut Street  
7th Floor

City

Pasadena

State

CA

Zip Code

91188-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Foundation Health  
Plan and Hosp

Occupation  
Regional President, Southern Californi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 15801316

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City

Alexandria

State

VA

Zip Code

22301-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1034595120977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

790.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
VP & Chief Washington Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1045726220977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Section Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1113464220977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David L. Allen

Mailing Address 325 Seventh Street, NW

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Associate Director, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1234662820977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

134.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Meadows

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Organization of  
Nurse Executi

Occupation

Director of Professional Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1260472920977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Marie Mathy

Mailing Address 1660 Lanier PL Apt. 4

City

Washington

State

DC

Zip Code

20009-2938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Project Manager/PAC Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1300853720977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alex White, Jr.

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1339349920977

Amount of Each Receipt this Period

116.00

P/R Deduction (\$58.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

172.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Frances Margolin

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Operatinos HRET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1347702720977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Wadzinski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

VP, Operations and Account Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1347703420977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1347703620977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Virginia Sylvestri

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Exec. Dir, Personal Membership Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	8

Transaction ID: PR1347707620977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Catherine D. Sewell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	8

Transaction ID: PR1347708420977

Amount of Each Receipt this Period

106.00

P/R Deduction (\$53.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan Gergely

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	8

Transaction ID: PR1347791020977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

162.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Slotman

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1384065320977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR327629120977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Debbie F. Weiner

Mailing Address 11004 petersborough Drive

City State Zip Code  
Rockville MD 20852-3249

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR327745920977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

196.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR327771620977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR327777220977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR327777820977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

96.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City

Great Falls

State

VA

Zip Code

22066-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR327801720977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Organization of  
Nurse Executi

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR327812020977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City

Arlington

State

VA

Zip Code

22205-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR327831720977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

158.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR327846220977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR327851920977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR327858020977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

146.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City

Millis

State

MA

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR327877820977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. George F. Bergstrom

Mailing Address 130 North Garland Court  
#3002

City

Chicago

State

IL

Zip Code

60602-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR327895720977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard J Umbdenstock

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR328132820977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

196.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Lorschach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR328136920977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR328223820977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR328224920977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

234.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City  
Eagle

State  
ID

Zip Code  
83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR328241420977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City  
Arlington

State  
VA

Zip Code  
22207-4446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR328260920977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City  
Arnold

State  
MD

Zip Code  
21012-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Sr. Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR328310420977

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

198.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steve M. Ahnen

Mailing Address 1001 N. Potomac Street

City

Arlington

State

VA

Zip Code

22205-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR328312720977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR328341820977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Carla L. Luggiero

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Sr. Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.30

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR328490120977

Amount of Each Receipt this Period

19.24

P/R Deduction (\$9.62 Bi-W-  
eekly)

**SUBTOTAL** of Receipts This Page (optional) .....

175.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR328511820977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR328512020977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director, Psychiatric and Substance Ab

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR329013420977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

158.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. John R. Combes, MD

Mailing Address 1 North Franklin Street

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation

President & COO, Leadership & Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR329071320977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation

Senior Associate Director Executive Br

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR329084420977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR329215720977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

196.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Evans

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR329342620977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City

Chicago

State

IL

Zip Code

60626-3861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR329654220977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Executive Services Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR330343320977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

96.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR330411620977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul N. Muraca

Mailing Address 4960 138th Cricle West

City

Apple Valley

State

MN

Zip Code

55124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR330475420977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City

Arlington

State

VA

Zip Code

22205-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Sr. Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR330534320977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

158.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR330547720977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR330549220977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR330776120977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Transaction ID: PR331278820977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Transaction ID: PR331304220977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Organization of  
Nurse Executi

Occupation

Director, Federal Relations &amp; Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Transaction ID: PR331379120977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

96.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alexander R. White, Sr.

Mailing Address PO Box 15587

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR331416020977

Amount of Each Receipt this Period

116.00

P/R Deduction (\$58.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls St.

City

Falls Church

State

VA

Zip Code

22046-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR331533220977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Summy

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director, ASHRM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR346168120977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

222.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President Executive Branch Relati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR517619720977

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City State Zip Code  
Washington DC 20004-2802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR566280920977

Amount of Each Receipt this Period

47.62

P/R Deduction (\$23.81 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City State Zip Code  
Alexandria VA 22314-4142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR766023720977

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

165.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Dir. Policy Developme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR801366320977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lisa Kidder Hrobsky

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR876637220977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR936292320977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

84.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David A. Strickland

Mailing Address One N. Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Organization of  
Nurse Executi

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR939603920977

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

28.00

**TOTAL** This Period (last page this line number only) .....

44856.51

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 97

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3318.05

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: 15801159

Amount of Each Receipt this Period

454.31

Bank Interest

**SUBTOTAL** of Receipts This Page (optional) .....

454.31

**TOTAL** This Period (last page this line number only) .....

454.31

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 97

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

LifePoint Hospitals Good Government Fund

Mailing Address 103 Powell Court  
Suite 200

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

**C** C00347955

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Transaction ID: 15801165

Amount of Each Receipt this Period

975.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

975.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 97

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles Boustany Jr Md For Congress Inc

Mailing Address PO Box 80126

City

Lafayette

State

LA

Zip Code

70598

FEC ID number of contributing  
federal political committee.**C** C00394866

Name of Employer

Occupation

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Transaction ID: 15801269

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

2000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 97

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Latham For Congress

Mailing Address P.O. Box 71

City  
Clarion

State  
IA

Zip Code  
50525

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Thomas P. Latham

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 04

Transaction ID: 15647171

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Cliff Stearns

Mailing Address PO Box 308

City  
Silver Springs

State  
FL

Zip Code  
34489

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Clifford B. Stearns

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 06

Transaction ID: 15647226

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Committee To Elect Gary Ackerman

Mailing Address 100 Jericho Quadrangle  
Suite 233

City  
Jericho

State  
NY

Zip Code  
11753

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Gary L. Ackerman

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 05

Transaction ID: 15648019

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 97

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Steve Israel For Congress Committee

Mailing Address PO Box 777

City State Zip Code  
Deer Park NY 11729

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Steve J. Israel

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 02

Transaction ID: 15648028

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Steve Israel For Congress Committee

Mailing Address PO Box 777

City State Zip Code  
Deer Park NY 11729

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Steve J. Israel

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 02

Transaction ID: 15648036

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Pete King For Congress Committee

Mailing Address Post Office Box 1428

City State Zip Code  
Seaford NY 11783

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Peter T. King

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 03

Transaction ID: 15648038

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 / 97

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Higgins For Congress

Mailing Address PO Box 28

City  
BuffaloState  
NYZip Code  
14220Purpose of Disbursement  
ContributionCandidate Name  
Rep. Brian M. Higgins
  
Category/  
Type
Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 27

Transaction ID: 15648039

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	8

Amount of Each Disbursement this Period

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Prairie PAC

Mailing Address 426 C Street, NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
2008 ContributionCandidate Name  
Prairie PAC
  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15714908

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	8

Amount of Each Disbursement this Period

2008 Contribution

**C.**

Full Name (Last, First, Middle Initial)

Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City  
SacramentoState  
CAZip Code  
95814Purpose of Disbursement  
ContributionCandidate Name  
Rep. Anna G. Eshoo
  
Category/  
Type
Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 14

Transaction ID: 15714910

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	8

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 / 97

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Austria For Congress	<b>Transaction ID:</b> 15714913 <b>Date of Disbursement</b>																				
Mailing Address 2537 Obetz Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	0		2	0	0	8												
City Beaver creek State OH Zip Code 45434	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Steve Austria	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>B.</b> Full Name (Last, First, Middle Initial) Kirk For Congress	<b>Transaction ID:</b> 15714922 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	0		2	0	0	8												
City Winnetka State IL Zip Code 60093	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Rep. Mark Steven Kirk	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) Jesse Jackson Jr. For Congress	<b>Transaction ID:</b> 15714926 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 490286	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	0		2	0	0	8												
City Chicago State IL Zip Code 60649	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Jesse L. Jackson, Jr.	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Capital Political Action Committee

Mailing Address 585 West End Avenue  
Suite 3F

City New York State NY Zip Code 10024

Purpose of Disbursement  
2008 ContributionCandidate Name  
Capital Political Action Committee011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15714929

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 0 8

Amount of Each Disbursement this Period

2500.00

2008 Contribution

**B.**

Full Name (Last, First, Middle Initial)

Wolverine PAC

Mailing Address 607 - 14th Street, NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2008 ContributionCandidate Name  
Wolverine PAC011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15714930

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

2008 Contribution

**C.**

Full Name (Last, First, Middle Initial)

AMERIPAC: The Fund for a Greater America

Mailing Address 1341 G Street, NW  
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2008 ContributionCandidate Name  
AMERIPAC: The Fund for a Greater America011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15714931

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 0 8

Amount of Each Disbursement this Period

2500.00

2008 Contribution

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

TOTAL This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) National Leadership PAC	<b>Transaction ID:</b> 15714933 <b>Date of Disbursement</b>
Mailing Address 635 B Pennsylvania Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2008 Contribution Candidate Name National Leadership PAC	<div> <div>5000.00</div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2008 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of John Tanner	<b>Transaction ID:</b> 15715005 <b>Date of Disbursement</b>
Mailing Address Post Office Box 1994	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Union City State TN Zip Code 38281	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution Candidate Name Rep. John S. Tanner	<div> <div>1500.00</div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Cantor For Congress	<b>Transaction ID:</b> 15716524 <b>Date of Disbursement</b>
Mailing Address P. O. Box 17813	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Richmond State VA Zip Code 23226	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution Candidate Name Rep. Eric I. Cantor	<div> <div>1000.00</div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Berkley For Congress	<b>Transaction ID:</b> 15716916 <b>Date of Disbursement</b>
Mailing Address 3069 Conquista Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Las Vegas State NV Zip Code 89121	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Shelley Berkley	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro	<b>Transaction ID:</b> 15716921 <b>Date of Disbursement</b>
Mailing Address 12 Trumbull Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City New Haven State CT Zip Code 06511	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Rep. Rosa L. DeLauro	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Cazayoux For Congress	<b>Transaction ID:</b> 15716923 <b>Date of Disbursement</b>
Mailing Address P.O. Box 156	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City New Roads State LA Zip Code 70760	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Donald Cazayoux	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Becerra For Congress Mailing Address P.O. Box 261060	<b>Transaction ID:</b> 15716925 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Los Angeles State CA Zip Code 90026 Purpose of Disbursement Contribution Candidate Name Rep. Xavier Becerra Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 31	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Contribution</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Patrick Murphy For Congress Mailing Address P.O. Box 868 City Levittown State PA Zip Code 19058 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 08	<b>Transaction ID:</b> 15716929 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Contribution</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Johanss for U.S. Senate Mailing Address 228 S. Washington Street Suite B-20 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Contribution Candidate Name Mike Johanss Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:	<b>Transaction ID:</b> 15717249 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <b>Contribution</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Glenn Thompson

Mailing Address 198 Park Road

City  
Howard

State  
PA

Zip Code  
16841

Purpose of Disbursement  
Contribution

Candidate Name  
Glenn Thompson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 05

Transaction ID: 15717617

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
2008 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15789400

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

15000.00

2008 Contribution

C.

Full Name (Last, First, Middle Initial)

Born Fighting PAC

Mailing Address 607 - 14th Street, NW  
Suite 800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
2008 Contribution

Candidate Name  
Born Fighting PAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15789401

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

2500.00

2008 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

22500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Rock City PAC	<b>Transaction ID:</b> 15789402 <b>Date of Disbursement</b>
Mailing Address 1015 Stonebridge Park Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 0 8</div> </div>
City Franklin State TN Zip Code 37069	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2008 Contribution	<div>1000.00</div>
Candidate Name Rock City PAC	<div>011</div> <div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	2008 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Udall for Colorado	<b>Transaction ID:</b> 15789403 <b>Date of Disbursement</b>
Mailing Address 8690 Wolff Court Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 0 8</div> </div>
City Westminster State CO Zip Code 80031	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Rep. Mark Udall	<div>011</div> <div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Blumenauer For Congress	<b>Transaction ID:</b> 15789406 <b>Date of Disbursement</b>
Mailing Address 830 Ne Holladay Suite 105	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 0 8</div> </div>
City Portland State OR Zip Code 97232	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Earl Blumenauer	<div>011</div> <div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City State Zip Code  
 Brooklyn NY 11233

Purpose of Disbursement  
 Contribution

Candidate Name  
 Rep. Edolphus Towns

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 10

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: 15789407

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Hayes For Congress

Mailing Address Post Office Box 2000

City State Zip Code  
 Concord NC 28026

Purpose of Disbursement  
 Contribution

Candidate Name  
 Rep. Robin C. Hayes

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 08

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: 15789621

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Pete King For Congress Committee

Mailing Address Post Office Box 1428

City State Zip Code  
 Seaford NY 11783

Purpose of Disbursement  
 Contribution

Candidate Name  
 Rep. Peter T. King

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 03

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: 15789630

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

LoBiondo For Congress

Mailing Address PO Box 775

City  
Marmora

State  
NJ

Zip Code  
08223

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Frank A. LoBiondo

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 02

Transaction ID: 15797980

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Carney For Congress

Mailing Address P.O. Box A

City  
Clarks Summit

State  
PA

Zip Code  
18411

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Christopher P. Carney

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: 15797982

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ellsworth For Congress Committee

Mailing Address P.O. Box 62

City  
Evansville

State  
IN

Zip Code  
47701

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Brad Ellsworth

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 08

Transaction ID: 15797983

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dave Wu For U.S. Congress

Mailing Address 818 Sw Third Ave. #1182

City  
Portland

State  
OR

Zip Code  
97204

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. David Wu

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 01

Transaction ID: 15798002

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

McCotter Congressional Committee

Mailing Address P.O. Box 530788

City  
Livonia

State  
MI

Zip Code  
48153

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Rep. Thaddeus G. McCotter

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 11

Transaction ID: 15798006

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Charlie Dent For Congress

Mailing Address PO Box 442

City  
Allentown

State  
PA

Zip Code  
18105

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Rep. Charles W. Dent

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: 15798023

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Norm Dicks For Congress	<b>Transaction ID:</b> 15798024 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1663	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	4		2	0	0	8												
City Tacoma State WA Zip Code 98401	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Norman D. Dicks	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>B.</b> Full Name (Last, First, Middle Initial) Gillibrand For Congress	<b>Transaction ID:</b> 15798025 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 15734	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	4		2	0	0	8												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Kirsten Gillibrand	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) Gillibrand For Congress	<b>Transaction ID:</b> 15798027 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 15734	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	4		2	0	0	8												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Kirsten Gillibrand	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Meeks For Congress	<b>Transaction ID:</b> 15798028 <b>Date of Disbursement</b>
Mailing Address 153-01 Jamaica Avenue Suite 535	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City Jamaica State NY Zip Code 11432	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
Candidate Name Rep. Gregory W. Meeks	<input type="text" value="011"/> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Lindsey Graham For Senate	<b>Transaction ID:</b> 15798029 <b>Date of Disbursement</b>
Mailing Address PO Box 1801	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City Columbia State SC Zip Code 29202	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
Candidate Name Sen. Lindsey O. Graham	<input type="text" value="011"/> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee	<b>Transaction ID:</b> 15798032 <b>Date of Disbursement</b>
Mailing Address Post Office Box 2145	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City West Columbia State SC Zip Code 29171	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<input type="text" value="3000.00"/>
Candidate Name Rep. Joe Wilson	<input type="text" value="011"/> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

WISH List: Women in the Senate and House

Mailing Address 499 South Capitol Street, SW  
Suite 408

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2008 Contribution

Candidate Name  
WISH List: Women in the Senate and House

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15798034

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 7 / 2 4 / 2 0 0 8

Amount of Each Disbursement this Period

2500.00

2008 Contribution

**B.**

Full Name (Last, First, Middle Initial)

TAC PAC (Truth, Accountability, and Courage PAC)

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2008 Contribution

Candidate Name  
TAC PAC (Truth, Accountability, and Courage PAC)

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15798037

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 7 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

2008 Contribution

**C.**

Full Name (Last, First, Middle Initial)

Culberson For Congress

Mailing Address P.O. Box 41964

City Houston State TX Zip Code 77241

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John Abney Culberson

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 07

Transaction ID: 15798040

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 7 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

**4500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Hodes For Congress	<b>Transaction ID:</b> 15798042 <b>Date of Disbursement</b>
Mailing Address 26 South Main Street, #253	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div>
City Concord State NH Zip Code 03301	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Paul W. Hodes	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Porter For Congress	<b>Transaction ID:</b> 15798043 <b>Date of Disbursement</b>
Mailing Address 7840 Red Leaf Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div>
City Las Vegas State NV Zip Code 89131	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Jon C. Porter	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Ben Chandler For Congress	<b>Transaction ID:</b> 15798080 <b>Date of Disbursement</b>
Mailing Address P. O. Box 12678	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div>
City Lexington State KY Zip Code 40508	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Benjamin Chandler	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Hayes For Congress

Mailing Address Post Office Box 2000

City State Zip Code  
Concord NC 28026

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Robin C. Hayes

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 08

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 15798082

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

3000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Team Emerson For Jo Ann Emerson

Mailing Address PO Box 822

City State Zip Code  
Cape Girardeau MO 63702

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jo Ann Emerson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 08

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 15798104

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Capital Political Action Committee

Mailing Address 585 West End Avenue  
Suite 3F

City State Zip Code  
New York NY 10024

Purpose of Disbursement  
2008 Contribution

Candidate Name  
Capital Political Action Committee

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 15798106

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

2500.00

2008 Contribution

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

TOTAL This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Forbes For Congress

Mailing Address PO Box 15100

City  
Chesapeake

State  
VA

Zip Code  
23328

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. J. Randy Forbes

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 04

Transaction ID: 15798107

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Baker For Congress

Mailing Address PO Box 312

City  
Columbia

State  
MO

Zip Code  
65205

Purpose of Disbursement  
Contribution

Candidate Name  
Judith Baker

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 09

Transaction ID: 15798109

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Democrats Win Seats PAC

Mailing Address 1071 Turin Branch Lane

City  
Weston

State  
FL

Zip Code  
33326

Purpose of Disbursement  
2008 Contribution

Candidate Name  
Democrats Win Seats PAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15798344

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

5000.00

2008 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Debbie Wasserman Schultz for Congress

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement  
ContributionCandidate Name  
Rep. Debbie Wasserman-Schultz011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: 15798428

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Adam Smith For Congress Committee

Mailing Address PO Box 23626

City Federal Way State WA Zip Code 98093

Purpose of Disbursement  
ContributionCandidate Name  
Rep. Adam Smith011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 09

Transaction ID: 15799716

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

115000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001	<b>Transaction ID:</b> 15801160 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>4.50</div> <b>Merchant Fees</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Merchant Bankcard Mailing Address 1601 Elm Street City Dallas State TX Zip Code 75201 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 15801161 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>80.83</div> <b>Merchant Fees</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Merchant Bankcard Mailing Address 1601 Elm Street City Dallas State TX Zip Code 75201 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 15801162 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3.65</div> <b>Merchant Fees</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

88.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001	<b>Transaction ID:</b> 15801163 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>35.40</div> <b>Merchant Fees</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 15801164 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>80.26</div> <b>Bank Fee</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Issue Advocacy & Image Advertising Mailing Address 300 North Lee Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Previously reported on 7/20/08, See Line 24. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 15804844 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>-44000.00</div> Previously reported on 7/20/08, See Line 24.

**SUBTOTAL** of Disbursements This Page (optional) .....

**-43884.34**

**TOTAL** This Period (last page this line number only) .....

**-43795.36**

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER <b>C</b> C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Issue Advocacy & Image Advertising		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 7</div> <div><small>D D</small> 0 5</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 300 North Lee Street		Amount 44000.00	
City Alexandria		Transaction ID: 15802761	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: GA	
Zip Code 22314		<input type="checkbox"/> Senate District: 05	
Purpose of Expenditure Radio Production & Advertising		<input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. John Lewis		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought		<input type="checkbox"/> Other (specify) : _____ 2008	
		44000.00	

(a) SUBTOTAL of Itemized Independent Expenditures .....	44000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	44000.00
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>	
Ms. Melinda Hatton _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 8</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>